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|   |   |
|---|---|
| <b>CONFIRMATION <input checked="" type="checkbox"/></b> |   |
| <b>TO:</b><br>Central Fax Delivery                      | <b>COMPANY:</b><br>U.S. PATENT & TRADEMARK OFFICE |
| <b>FAX NUMBER:</b><br>(571) 273-8300                    | <b>PHONE NUMBER:</b><br>(866) 217-9197            |

**From:** Michael A. Schaldenbrand

**Date:** February 2, 2006

**Total Number of Pages Including Cover Sheet:** 17

**Message:**

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FEB 02 2006**

**RE:** Application No.: 10/608,906 - Filing Date: June 27, 2003  
Applicant(s): Soheli Anwar  
Group Art Unit: 3683  
Examiner: Robert A. Siconolfi  
Title: Vehicle Yaw Stability System And Method  
Attorney Docket: 46107-0037  
Response To Office Action Dated November 2, 2005

Transmitted herewith are the following documents:

- 1) USPTO Transmittal Form (including Certificate of Facsimile Transmission) (1 page);
- 2) Fee Transmittal For FY 2005 (1 page);
- 3) Response (14 pages).

If you have not received the total number of pages, please call the facsimile department at (248) 646-4300. *Thank you.*

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**Client Name:**  
**Client/Matter Number:** 46107-0037  
**Attorney Number:** [1139]  
**Secretary/Ext.:** Christy Taylor/7545

**OFFICE CODE**

**Matter Name:**  
**Attorney Initials:** MAS  
**No. of Pages:** 17  
**Amount:**

Doc

PTO/SB/21 (09-04)

Approved for use through 07/31/2005. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|   |                        |                     |
|---|------------------------|---------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/608,906          |
|   | Filing Date            | June 27, 2003       |
|   | First Named Inventor   | Sohel Anwar         |
|   | Art Unit               | 3683                |
|   | Examiner Name          | Robert A. Siconolfi |
| Total Number of Pages in This Submission  | Attorney Docket Number | 46107-0037          |

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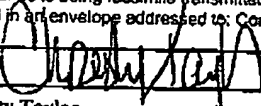
FEB 02 2006

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks  |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |                 |
|--------------|---|-----------------|
| Firm Name    | Dickinson Wright PLLC   |                 |
| Signature    |  |                 |
| Printed name | Michael A. Schaldenbrand  |                 |
| Date         | February 2, 2006  | Reg. No. 47,923 |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |   |      |                  |
|---|---|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the |   |      |                  |
| Signature   |  |      |                  |
| Typed or printed name   | Christy Taylor  | Date | February 2, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to be 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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|   |  |                      |                     |
|---|--|----------------------|---------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | Complete if Known    |                     |
| <b>FEE TRANSMITTAL<br/>for FY 2005</b>  |  | Application Number   | 10/608,906          |
|   |  | Filing Date          | June 27, 2003       |
|   |  | First Named Inventor | Sohel Anwar         |
|   |  | Examiner Name        | Robert A. Siconolfi |
|   |  | Art Unit             | 3683                |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                      |  | Attorney Docket No.  | 46107-0037          |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | \$0.00               |                     |

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Deposit Account Number: 04-1061 Deposit Account Name: Dickinson Wright PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

## 2. EXCESS CLAIM FEES

| Fee Description                                    | Fee (\$)     | Small Entity Fee (\$) |
|--|--------------|-----------------------|
| Each claim over 20 (including Reissues)            | 50           | 25                    |
| Each independent claim over 3 (including Reissues) | 200          | 100                   |
| Multiple dependent claims                          | 360          | 180                   |
| Total Claims                                       | Extra Claims | Fee (\$)              |
| 23   | - 20 or HP = | x \$50.00 = \$0.00    |
| Indep. Claims                                      | Extra Claims | Fee (\$)              |
| 4  | - 3 or HP =  | x \$200.00 = \$0.00   |

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)     | Fee Paid (\$) |
|--------------|--------------|--|--------------|---------------|
| - 100 =      | 0            | / 50 0 (round up to a whole)                     | x \$250.00 = | \$0.00        |

## 4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge):

## SUBMITTED BY

|                   |   |                                      |        |                  |                |
|-------------------|---|--------------------------------------|--------|------------------|----------------|
| Signature         |  | Registration No.<br>(Attorney/Agent) | 47,923 | Telephone        | (248) 433-7570 |
| Name (Print/Type) | Michael A. Schaldenbrand  |                                      | Date   | February 2, 2006 |                |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No. 8032

Application No.: 10/608,906 )  
Filing Date: June 27, 2003 )  
Applicant(s): Sohel Anwar )  
Group Art Unit: 3683 )  
Examiner: Robert A. Siconolfi )  
Title: Vehicle Yaw Stability )  
System and Method )  
Attorney Docket: 46107-0037 )

RESPONSE

Commissioner For Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

This is in response to the Office Action mailed November 2, 2005, for which the three-month shortened statutory period for response is set to expire on February 2, 2006. Kindly consider the remarks set forth below:

A Listing of the Claims begin on page 2 of this paper.

Remarks begin on page 10 of this paper.